

16569 U.S. PATENT & TRADEMARK OFFICE  
102303  
THE COMMISSIONER FOR PATENTS

PO Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Sundaram Ravikumar**

For: **METHOD AND APPARTUS FOR TUBAL OCCLUSION**

Enclosed are:

<input type="checkbox"/>	5	Sheets of drawings
<input type="checkbox"/>		Assignment Recordation Sheet
<input type="checkbox"/>		Assignment of Invention to:
<input checked="" type="checkbox"/>		Entitled to small entity status under 37 C.F.R. 1.9 and 1.27
<input checked="" type="checkbox"/>		Declaration and Power of Attorney document
<input type="checkbox"/>		Preliminary Amendment and Remarks
<input type="checkbox"/>		Other:

The filing fee has been calculated as shown below:

			SMALL ENTITY		OR	LARGE ENTITY	
FOR	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE				\$ 385			\$ 760
TOTAL CLAIMS	19 - 20	0	X 9			X 18	
INDEP CLAIMS	4 - 3	1	X 43	43		X 84	
MULT. DEPENDENT CLAIMS PRESENTED			+140			+280	
			TOTAL \$428			TOTAL \$	

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☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit Account No. **07-1732**. A duplicate copy of this sheet is enclosed.

— Other:

Gordon & Jacobson, P.C.  
65 Woods End Road  
Stamford, CT 06905  
(203) 329-1160

  
David P. Gordon  
Reg. No. 29,996

15535 U.S. PRO  
10/692026  
10/23/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Sundaram Ravikumar

SERIAL NO.:

GROUP ART UNIT:

FILED: October 23, 2003

EXAMINER:

FOR: Method and Apparatus for  
Tubal Occlusion

ATT'Y DOCKET NO.: RAV-010

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:


CERTIFICATE OF MAILING BY EXPRESS MAIL

"Express Mail" Mailing Number EV 315 685 526  
Date of Deposit: October 23, 2003

I hereby certify that the attached patent application, identified above, filing fee and supporting documents, as noted on the Transmittal Sheet, are being deposited, on the date indicated above, with the United States Postal Service as "Express Mail" in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

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Gordon & Jacobson, P.C.  
65 Woods End Road  
Stamford, CT 06905  
(203) 329-1160

  
\_\_\_\_\_  
David P. Gordon  
Reg. #29,996